

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 06 / 11 / 2020</div>	

Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 09 / 2020		
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1131.55</div>		
City Ashburn	State VA	Zip Code 20148			
Purpose of Expenditure Printing / Production / Postage (estimate)		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>	Transaction ID : SE.17891 Date of Disbursement or Obligation MM / DD / YYYY 06 / 09 / 2020		
Name of Federal Candidate KULKARNI, SRI PRESTON, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">4558.17</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
City	State	Zip Code			
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">1131.55</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">1131.55</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 07 / 20 / 2020

Signature